

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Number::	10/540,743
Received Date::	06/24/2005
Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CD-R?::	None
Sequence submission::	Paper
Computer Readable Form (CRF)?::	Yes
Number of copies of CRF::	1
Title::	ENCAPSULATED CELL THERAPY
Attorney Docket Number::	3998-051955
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	23
Small Entity?::	No
Secrecy Order In Parent Appl.?::	No

APPLICANT INFORMATION

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Duncan
Middle Name::	J.
Family Name::	STEWART
City of Residence::	Toronto
State or Province of Residence::	Ontario
Country of Residence::	Canada
Street of Mailing Address::	St. Michael's Hospital, 30 Bond Street, 7-801 – Queen Wing
City of Mailing Address::	Toronto
State or Province of Mailing Address::	Ontario
Country of Mailing Address::	Canada
Postal or Zip Code of Mailing Address::	M5B 1W8

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	David
Family Name::	COURTMAN
City of Residence::	Toronto
State or Province of Residence::	Ontario
Country of Residence::	Canada
Street of Mailing Address::	St. Michael's Hospital, 30 Bond Street, 7-801 – Queen Wing
City of Mailing Address::	Toronto
State or Province of Mailing Address::	Ontario
Country of Mailing Address::	Canada
Postal or Zip Code of Mailing Address::	M5B 1W8

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Golnaz
Family Name::	KAROUBI
City of Residence::	Toronto
State or Province of Residence::	Ontario
Country of Residence::	Canada
Street of Mailing Address::	361 Willowdale Avenue
City of Mailing Address::	Toronto
State or Province of Mailing Address::	Ontario
Country of Mailing Address::	Canada
Postal or Zip Code of Mailing Address::	M2N 5A5

CORRESPONDENCE INFORMATION

Correspondence Customer Number::	28289
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REPRESENTATIVE INFORMATION

Representative Customer Number::	28289	
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FOREIGN PRIORITY INFORMATION

Country::	Application number::	Filing Date::	Priority Claimed::
WIPO	PCT/CA2003/002008	12/24/2003	Yes
US	60/435,858	12/24/2002	Yes

ASSIGNMENT INFORMATION

Assignee Name::	AN-GO-GEN INC.
Street of Mailing Address::	438 University Avenue, Suite 300
City of Mailing Address::	Toronto
State or Province of Mailing Address::	Ontario
Country of Mailing Address::	Canada
Postal or Zip Code of Mailing Address::	M5G 2P9